

Indiana State Immunization Data Request Form

Please complete this request to describe in detail the type of immunization data you want. This will help us best understand your data needs and how to give you the information you want.

Email the completed request to: immunize@isdh.in.gov or Fax: 317-972-0117

Υοι	ır Conta	act information:
Nar	me:	
Pho	ne:	
Wh	en do v	ou need this data?
	_	e that requests for standard data sets can typically be met within 7 business days. Requests
for	comple	x and special data sets take longer.
Hov	w do yo	u plan to use the data (select all that apply)?
		Research conducted by academic investigator (including graduate student thesis and dissertation)
		Public health planning and practice conducted by a state or local health department
		Media Request
		Grant Proposal
		Other – Specify:
Sel	ect fron	n the following data parameters:
A.	Geogra	aphic Area (select all that apply):
		Indiana state as a whole
		All of Indiana counties (data broken down by each individual county)
		Specific Indiana counties – Specify:
		Other – Specify:
В.	Age Gr	oups (select all that apply):
		19-35 months old
		24-35 months old
		11-13 years old
		Other age group – Specify:
C.	Vaccina	ation Date Range:
		As of today
		Multiple years – Specify:



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		Other time frame – Specify:
Wha	at vacci	ines and vaccine variables do you want?
A.		Recommended childhood vaccine series (4:3:1:3:3:1:4): DTaP (4 doses), Polio (3 doses), MMR (1 dose), Hib (3 doses), Hep B (3 doses), Varicella (1 dose), and PCV (4 doses) Recommended adolescent series: Meningococcal (1), HPV (3), Tdap (1) Influenza (Flu) Other vaccines – specify:
		Variables: Valid vaccinations only (meets the ACIP recommendations) Apply 4 day grace period r information can you give us to help identify the data you need?
Add	itional	Comments about data request: